

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH**

HEALTH PROFESSIONAL
LICENSING ADMINISTRATION



CHARACTER REFERENCE FORM

APPLICANT'S NAME

APPLICANT'S ADDRESS

Dear Sir/Madam

The applicant whose name and address appear above has applied for a license to practice acupuncture in the District of Columbia and lists you as a reference for his/her moral character and professional experience

Please complete and return this form to applicant in a sealed envelope to be submitted to us with his/her completed application. Your prompt attention to this request will greatly assist the Advisory Committee on Acupuncture when considering the applicant for licensure. Your reply will be considered as confidential information by the Advisory Committee.

TO: District of Columbia Board of Medicine, Advisory Committee on Acupuncture.

I hereby certify that since (date)_____, I have been closely associated with _____, residing in _____ as to be able to intellegently express an opinion as to his/her character, mental condition and habits, and that to the best of my knowledge and belief, he/she is of good moral character and free from mental defects and drug habits that are liable to interfere with the proper practice of medicine/acupuncture.

REMARKS: _____

Name (Please Print or Type)

Signature/Title

Address